# Included reports

Dans mes data changer les noms de toutes les courbes contrôle, + nom des autres lignes (fig…)

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| **Date and Source** | **Hypothesis of the scenarios** | **Hypothesis kept** | **Figures and lines** |
| April 29,  2020  [source](https://www.lesechos.fr/idees-debats/editos-analyses/pourquoi-philippe-a-douche-les-francais-1199309) | Only different R values: 1.2, 1.5 and initial | All R values kept | All the lines of the figure were extracted |
| October 30,  2020  [source](https://www.lesechos.fr/economie-france/social/covid-la-decrue-dans-les-services-de-reanimation-esperee-en-france-dans-une-dizaine-de-jours-1261656) | Only different R values: from 0.7 to 1.2 | All R values kept | All the lines of the figure were extracted |
| January 16,  2021  [source](https://www.epicx-lab.com/uploads/9/6/9/4/9694133/inserm_covid-19-voc_dominance-20210116.pdf) | Different hypotheses of the scenarios:  R of the historical virus:   * Reff (non-VOC) = 1, “optimistic best-case “ * Reff(non-VOC) = 1.1. baseline * Reff (non-VOC) = 1.2, “pessimistic worst-case”   Increase in alpha variant transmissibility compared to historical:   * +50% * +70%   General assumptions and limits:   * vaccination no taken into account, but ‘the number of vaccinated individuals is still very limited to effectively slow down the epidemic” * only difference with VOC is transmissibility: no impact on hospitalizations * does not account for the curfew anticipated to 6pm and extended to the national territory on January 16, 2021. “For this reason, we provided a more optimistic scenario assuming a stable epidemic activity. This could be the result of effective measures” | All the Reff (non-VOC)  We keep both +50% and +70% increase in VOC transmissibility hypotheses. Indeed, many months later the issue was not settled by modelers (see April 26 and May 21 scenarios).  Further discussion on the decision regarding the inclusion of scenarios in the context of an unmodelled extended curfew is provided below in … | Figure 1  all the no-lockdown scenarios were extracted, corresponding to:   * Plain green line for the 3 top pans * Plain blue line for the 3 bottom pain |
| February 2,  2021  [source](https://www.epicx-lab.com/uploads/9/6/9/4/9694133/inserm-covid-19-voc-lockdown-20210202.pdf) | Different hypotheses of the scenarios:  R of the historical virus:   * Reff (non-VOC) = 0.9 “optimistic” * Reff(non-VOC) = 1 “the closest to the current situation” * Reff (non-VOC) = 1.1   General assumptions and limits:   * +50% increase in alpha variant transmissibility compared to historical * Does not take into account vaccination * Does not take into account winter holidays * Seems not to take into account curfew, but not explicitly stated. However, the “optimistic” scenario is supposed to consider part of this uncertainty * Only difference of alpha variant is its transmissibility (hospitalization not more likely) | We keep all hypotheses regarding Reff (non-VOC)  Further discussion on the decision regarding the inclusion of scenarios in the context of an unmodelled extended curfew is provided below in … | Figure 2  3 top graphs, grey lines (corresponding to no lockdown scenarios) were extracted  Figure 1  Subset of scenario already included in Figure 2  Figure 3 and 4  Variations of the lockdown strategies, not impacting the scenarios already reported in figure 2 |
| February 8,  2021  [source](https://modelisation-covid19.pasteur.fr/variant/RapportInstitutPasteur_variants_8fevrier2021.pdf) | Different hypotheses of the scenarios:  R of the historical virus:   * Reff(non-VOC) = 0.9 * Reff (non-VOC) = 0.95 (baseline) * Reff (non-VOC) = 1   Increase in alpha variant transmissibility compared to historical:   * +50% (baseline) * +40% * +70%   General assumptions and limits:   * Vaccination taken into account: impacts hospitalization but barely infections at the national level * Does consider curfew effect or the effect January 29 measures * Climate effect not taken into account * Say their hypothesis about vaccine compliance is optimistic * Winter holidays not considered | We keep all hypotheses regarding the different values of Reff (non-VOC) (0.85, 0.9, 1)  We keep all hypotheses regarding increased transmissibility (+40%, +50+, +70%). Indeed, many months later the issue was not settled by modelers (see April 26 and May 21 scenarios). | We our comparison at March …, the moment when the national lockdown is implemented and the comparison to the “no lockdown” scenarios is no more legitimate.  Figure 2A  Purple lines not extracted (lockdown and/or no vaccination scenarios).  Both dashed and plain red curve (curfew until March 29 + vaccination or no vaccination scenario) are extracted, since it is stated in the report that *“In practice, the impact of the current campaign is likely to be intermediate between the scenarios with and without vaccination presented in Figure 2”*  Figure 3A, 3C  Not extracted. Green and purple lines are lockdown scenarios, red line is curfew until March 15 then no restrictions scenario  Figure 4A, 4C  Not extracted, only lockdown scenarios  Figure 5A  Not extracted, only lockdown scenarios  Figure 6A  All lines extracted until the peak (marking March 1st lockdown effect). The different lines represent sensitivity analysis regarding Reff(non-VOC)  Figure 7A, 7C  We extract the C figure which allows longer comparison than the A figure (lockdown on March 1st vs February 15th for A graph). On the C figure we extract all lines (sensitivity analysis regarding VOC 40%, 50%).  Figure 8A and 9A  Not extracted, only lockdown scenarios |
| February 23,  2021  [source](https://hal-pasteur.archives-ouvertes.fr/pasteur-03149525/document) | Different hypotheses of the scenarios:   * Historical virus R (0.94, 1.11, 1.19, 1.28) * Change in historical virus R starting March 8th or February 22nd * VOC increased transmissibility (+50%, +60%, +70%) * Vaccine efficacy on transmission: 0% vs 30% (but does not change the results during our study period, only later) * Vaccine coverage: 70% in every age group (baseline) vs 90% for >65y   General assumptions and limits:   * Lockdown implemented March 22nd: we compare the result until this date * Different rates of vaccine doses supplied per day, changing on April 1st: thus, does not change on our study period * Vaccine efficacy on severe cases: 90% * No effect of the B.1.1.7 on hospitalizations? | We keep all the hypothesis regarding the historical virus different R.  We keep all hypotheses regarding increased transmissibility (+50%, +60+ and +70%). Indeed, many months later the issue was not settled by modelers (see April 26 and May 21 scenarios).  For the hypothesis regarding vaccine efficacy and supply, they do not affect the hospitalization curves during our study period (cf figure 4, 5G and 5H). | All figures are extracted until March …, when the lockdown is implemented  Figure 2C  Plain red line extracted (vaccination scenario), dotted line not extracted (no vaccination scenario).  Figure 3  Not extracted, same as 2C for March with different lockdown scenarios starting March 22 (not our study period).  Figure 4A, 4B, 4C  Not extracted. Different lockdown strategies coupled with vaccination hypothesis, which does not change results before March 22, presented in figure 2C.  Figure 5B, 5D, 5F, 5H  Not extracted. Same as figures 5A, 5C, 5E, 5G but with stronger measures starting March 22, does not change our results for our study period.  Figures 5A, 5C, 5E, 5G  A: extracted, hypothesis regarding historic virus R (0.94, 1.11, 1.19, 1.28)  C: extracted, VOC transmissibility compared to historic variant (+50%, +60%, +70%)  E: extracted, same as A but change occurs on February 22 instead of March 8  G: not extracted, variations of vaccine efficacy but does not affect the results of 5A-5E figures on our study period |
| April 26,  2021  [source](https://modelisation-covid19.pasteur.fr/loosening/Scenarios_de_levee_des_mesures_de_freinage_20210426.pdf) | Different hypotheses of the scenarios:   * VOC increased transmissibility (+60%, +40%) * Hospitalization decrease more or less intense * Vaccine doses per day: 350k or 500k * Different R for the non-VOC virus, reflecting the progressive end of restriction measures (1, 1.1, 1.2 and 1.3)   General assumptions and limits:   * B.1.1.7 variant: +64% probability of hospitalization * Vaccine efficacy: 90% on severe cases, 80% on infections, starting 2 weeks after dose 1 * Vaccine compliance: 85% for >65y, 70% for 18-64y * Try to account for climate effect but still uncertainties * Say their vaccine compliance hypothesis is optimistic * Infected people have total immunity * Does not take into account the end of travel restrictions, nor re-opening of middle and high schools. | We keep all hypotheses regarding VOC increased transmissibility (+60% and +40%)  We keep both hypotheses regarding hospitalization decrease rates  For vaccine doses per day, the actual pace was 500k, so we exclude the 350k scenarios ([source](https://ourworldindata.org/explorers/coronavirus-data-explorer?zoomToSelection=true&time=2021-05-01..2021-06-11&facet=none&pickerSort=asc&pickerMetric=location&Metric=Vaccine+doses&Interval=7-day+rolling+average&Relative+to+Population=false&Color+by+test+positivity=false&country=~FRA))  We exclude the more pessimistic R=1.3, corresponding to a transmission comparable to summer 2020, when there were almost no restrictions | Figure 2  Not extracted since all scenarios presented here are also included in figure 3  Figure 3A and 3C  Not included because did not match the vaccination doses hypothesis (350k vs 500-600k in reality)  Figure 3B and 3D  -Colors corresponding to different R. As said on the left, we exclude the R=1.3 (red). We extract all the other ones (orange, purple, blue).  -Dashed vs plain lines correspond faster or slower hospitalization decrease. We extract both  -B vs D : different hypothesis corresponding to B.1.1.7 increased transmissibility (60% vs 40%). We extract both. |
| May 21,  2021  [source](https://modelisation-covid19.pasteur.fr/loosening/Mise_a_jour_scenarios_de_levee_des_mesures_de_freinage_20210521.pdf) | Different hypotheses of the scenarios:   * VOC increased transmissibility (+60%, +40%) * Vaccine doses per day: 500k or 700k * Different R for the non-VOC virus, reflecting the progressive end of restriction measures (1, 1.1, 1.2 and 1.3) * Dynamic changes on June 9th or May 19th (reflecting released restrictions)   General assumptions and limits:   * B.1.1.7 variant: +64% probability of hospitalization * Vaccine efficacy: 90% on severe cases, 80% on infections, starting 2 weeks after dose 1 * Vaccine compliance: 85% for >65y, 70% for 18-64y * Try to account for climate effect but still uncertainties * Infected people have total immunity | Delta variant:  After the publication there was the unexpected emergence of the delta variant, not taken into account in the scenarios. Its share in the total contaminations was 5% on June 7, 15% on June 21, and 50% on July 21 ([source](https://ourworldindata.org/explorers/coronavirus-data-explorer?zoomToSelection=true&time=2021-04-26..2021-08-16&facet=none&pickerSort=asc&pickerMetric=location&Metric=Delta+variant+%28share%29&Interval=7-day+rolling+average&Relative+to+Population=true&Color+by+test+positivity=false&country=~FRA)).  We stop our comparison at mid-June when its impact on ICU was still negligible.  We keep all hypothesis regarding VOC increased transmissibility  For vaccine doses per day, the actual pace was 500k-600k, so we exclude the 700k scenarios ([source](https://ourworldindata.org/explorers/coronavirus-data-explorer?zoomToSelection=true&time=2021-05-22..2021-06-17&facet=none&pickerSort=asc&pickerMetric=location&Metric=Vaccine+doses&Interval=7-day+rolling+average&Relative+to+Population=false&Color+by+test+positivity=false&country=~FRA))  Exclude R=1.3 ? | Figure 3B, 3F, 3D, 3H  Not extracted because of unmet vaccination distribution hypotheses (700k/day)  Figures 3E, 3G  Changing dynamic on June 9th coupled with increased transmissibility of alpha variant of 60% or 40%. We extract both  The different R values (colors) are not affected on our study period  Figures 3A, 3C  Changing dynamic on May 19th coupled with increased transmissibility of alpha variant of 60% or 40% and different R values.  We extract all the curves. |
| July 26,  2021  [source](https://modelisation-covid19.pasteur.fr/variant/Institut_Pasteur_Acceleration_vaccination_et_Delta_20210726.pdf) | Different hypotheses of the scenarios   * Vaccine doses per day: 500k, 700k or 800k * Vaccine compliance for >60y (90% or 95%), 18-60y (70% or 90%), 12-17y (30%, 50% or 70%) * Reduction of R due to NPIs (health pass, masks…): 0%, 10% or 25% (2, 1.8 or 1.5) * Time spent in intensive care units: 14.6 days or 10 days   General assumptions and limits:   * Uncertainties regarding climate effect * Does not take into account reduced vaccine efficacy with delta * Does not take into account increased risk of hospitalization with delta compared to alpha variant (here for both variant risk of hospitalization is +64% compared to historical strain) * Vaccine efficacy: 2 weeks after dose 1, 90% against hospitalization, 80% against infection, 50% against transmission | We keep all scenarios regarding R values  We keep all scenarios regarding time spend in ICU  For the first week of the scenarios, actual vaccine supply was 600-700k/day. Until August 9 it was 500k-600k/day, then below 500k/day ([source](https://ourworldindata.org/explorers/coronavirus-data-explorer?zoomToSelection=true&time=2021-07-29..2021-10-14&facet=none&pickerSort=asc&pickerMetric=location&Metric=Vaccine+doses&Interval=7-day+rolling+average&Relative+to+Population=false&Color+by+test+positivity=false&country=~FRA))  We thus keep the 500k/day and 700k per day scenarios  On October 1st, vaccine compliance was ([source](https://ourworldindata.org/grapher/covid-vaccine-by-age?time=2021-07-25..2021-10-01&country=~FRA))   * 90% for >65y * 90% for 18-60y * We did not find the % for 12-17y, but it was 25% for 0-17y, at a time when vaccination was not possible for 0-12y, suggesting 50% of 70% for 12-17y. We keep the 70% scenario (in any case, for high vaccination rates in adults, Pasteur’s scenarios are not affected by adolescents vaccination) | Figure 5  Owing to vaccine compliance hypotheses, we focus on the bottom pane, 3d from the left  We extract all the colors (hypotheses regarding R)  We extract plain and dashed lines (500k and 700k vaccines doses per day).  Figure 6  Same as figure 5 but for an ICU duration of 10 days. We extract the same curves. |
| August 5,  2021  [source](https://modelisation-covid19.pasteur.fr/variant/InstitutPasteur_Dynamiques_regionales_des_hospitalisations_20210805.pdf) | Different hypotheses of the scenarios   * Reduction of R due to NPIs (health pass, masks…): 10%, 25% or 40% * Time spent in intensive care units: 10, 14 or 17 days * Vaccine doses per day: 600k, 700k or 800k   General assumptions and limits:   * Vaccine compliance for >60y is 95%, 90% for 18-60y, and 30% for 12-17y * Does not take into account decreased vaccine efficacy against delta => scenarios may be too optimistic * Does not take into account increased risk of hospitalization with delta compared to alpha variant (here for both variant risk of hospitalization is +64% compared to historical strain * Uncertainties regarding climate effect * Once recovered infected people are totally immunized, “This may lead to overly optimistic projections” * Vaccine efficacy: 2 weeks after dose 1, 90% against hospitalization, 80% against infection, 50% against transmission | We keep all scenarios regarding R values  We keep all scenarios regarding time spend in ICU  For the first week of the scenario, vaccine supply was 500k-600k/day, then below 500k/day ([source](https://ourworldindata.org/explorers/coronavirus-data-explorer?zoomToSelection=true&time=2021-07-29..2021-10-14&facet=none&pickerSort=asc&pickerMetric=location&Metric=Vaccine+doses&Interval=7-day+rolling+average&Relative+to+Population=false&Color+by+test+positivity=false&country=~FRA))  We thus keep the 600k/day scenario, which is the closest one to actual figures | Figure F  We extract all curves |
| October 4th,  2021  [source](https://modelisation-covid19.pasteur.fr/scenarios/InstitutPasteur_scenariosCOVID19AutomneHiver_2021.pdf) | Different hypotheses of the scenarios:   * Winter climate impact: +33% (baseline), +20%, 40% * Easing of restrictions and/or behaviors: same transmission as in June-July (strong easing); “current” (-40% compared to June-July) ; intermediate (-20% compared to June-July). Not possible to precisely account for the health pass effect but these scenarios try to account for it. * Vaccine efficacy: 95% against hospitalizations, 60% against infection. Also, scenarios 90%-60% and 95%-80%   General assumptions and limits:   * Vaccine compliance by December 80% in adolescents and 90% in adults * Vaccine efficacy: 50% against transmission given infected * Delta variant increases hospitalization risk by 50% compared to alpha variant. * Alpha variant increases hospitalization risk by 42% compared to historical train | Omicron share in infections was 1% on December 6th and 15% on December 20th , so we stop our comparison at mid-December  We keep all the hypotheses regarding winter climate impact  We keep all the hypotheses regarding easing of restrictions and/or behaviors  We keep all the hypotheses regarding vaccine efficacy  SURE ABOUT THAT? | Figure 5 right  Not extracted, since already included in more complete figure 7 and 9  Figure 7  We do not extract bottom and right figures, which do not induce a change on our study period (hypotheses regarding the changes in measures / behaviors on November 15th, December 15th or January 15th.  We do not extract to top left graph (change in measures / behaviors on October 15th) since it is already included in more complete figure 9.  Figure 9  We extract all the curves, presenting different hypotheses regarding measures/behavior and climate effect  We extract the 3 graphs, presenting different assumptions regarding vaccine efficacy  SURE ABOUT THAT ?  Dire qu’on extrait pas infection 80% et que de toute façon ne change rien au vu des scénarios déjà extraits  Réextraire… |
| January 7,  2022  [source](https://modelisation-covid19.pasteur.fr/variant/InstitutPasteur_Complement_Analyse_Impact_Omicron_20220107_corrige.pdf) | VERIFIER RAPPORT DU 27 DECEMBRE POUR AVOIR TOUTES LES HYPOTHESES !!  Different hypotheses of the scenarios:   * Assumptions regarding vaccine efficacy detailed in the table below * Time spent in hospital: 3, 4 or 6 days * Combination of omicron severity and transmissibility: half of historical strain and high transmissibility (scenario 1, “most probable”); as severe as historical strain and intermediate transmissibility (scenario 2, “less probable) ; as severe as historical strain and high transmissibility (scenario 3, “less probable) * Reduction of R0 due to restrictions and/or change in behaviors: 0%, -10%, -20%   General assumptions and limits:   * 800k vaccine booster doses per day, supply unaffected by winter holidays * Once hospitalized, vaccinated and unvaccinated people have same probability of going to ICU => may lead to overestimation in scenarios with low vaccine efficacy * Time spent in intensive care units: 14 days * Vaccine booster compliance of 95% among adults, 4 months after dose * For children (5-11y), vaccination supply of 30k/day, with vaccine compliance of 30% | We exclude scenario 2 and 3 which suppose that the Omicron variant has an identic severity compared to the historic strain. These were the 2 scenarios characterized as “less probable” by the report.  We keep the pessimistic assumptions regarding vaccine efficacy, since they are the closest to the “consensus vaccine effectiveness estimates” publishes by the UK Health Security Agency ([source](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1083443/Vaccine-surveillance-report-week-24.pdf))  We keep all assumptions regarding time spent in hospital  We keep all assumptions regarding R0 reduction | Figure 2, scenario 1, bottom pane,  Not extracted because it corresponds to the optimistic assumptions regarding vaccine efficacy  Figure 4, scenario 1, bottom panes  This corresponds to the pessimistic assumptions regarding vaccine efficacy  We extract all 3 curves (corresponding to different time spent in hospital) |

## Vaccine efficacy hypotheses made in the scenarios of January 7

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| --- | --- | --- | --- | --- | --- |
|  | Variant | Protection against infection | | Protection against hospitalisation | |
|  | <6 months | >6 months | <6 months | >6 months |
| Infected and unvaccinated | Delta | 85% | 60% | 90% | 85% |
| Omicron | 35% | 15% | 80% | 50% |
| 2 doses | Delta | 80% | 50% | 95% | 85% |
| Omicron | 55% OR 40% | 25% OR 10% | 90% | 70% |
| Booster dose OR infected and vaccinated | Delta | 95% | 85% | 95% | 95% |
| Omicron | 85% OR 60% | 70% OR 40% | 95% | 90% |

*Green figures are the optimistic vaccine efficacy assumptions, red the pessimistic ones, and black are common to both assumptions. In their own retrospective assessment of* [*February 15th*](https://modelisation-covid19.pasteur.fr/variant/Institut_Pasteur_Comparaison_Observations_projections_Omicron_20220215.pdf)*, Pasteur’s modelling team uses the green ones without further justification. For our assessment, we use the red ones, based on UK’s Health Security Agency data available at the time of Pasteur’s self-assessment (*[*February 3rd*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1052353/Vaccine_surveillance_report_-_week_5.pdf)*), and their later “Consensus vaccine effectiveness estimates” from* [*June 16th.*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1083443/Vaccine-surveillance-report-week-24.pdf)

# Excluded reports

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| **Date and Source** | **Reason for exclusion** |
| September 25,  2020  [Source](https://www.sdbio.eu/images/acymailing/Simulations%20Institut%20Pasteur%2025%2009%202020.pdf) | Starting September 26, localized restriction measures were announced, which were not accounted for in the report. Thus, the hypothesis of the report are no more valid.  Example of the restriction measures ([source](https://www.prefectures-regions.gouv.fr/ile-de-france/Region-et-institutions/L-action-de-l-Etat/Sante/COVID-19-le-point-sur-la-situation)) : bar and restaurant closures, sports halls closures, maximum number of people gathering limited, ban of large events… |
| October (?),  2020  [Source](https://www.francetvinfo.fr/sante/maladie/coronavirus/desintox-covid-19-les-previsions-pas-si-inquietantes-de-l-institut-pasteur_4141179.html) | We were not able to find the report, which to the best of our knowledge were not made publicly available. Indeed, according to franceinfo:  *“The Minister of Health chose not to mention them [the models]. The concern to keep citizens on their toes has taken precedence over transparency, which would nevertheless require the scientific data to be made public, even if they are less catastrophic than what had been announced.”* |
| October 26,  2020  [Source](https://modelisation-covid19.pasteur.fr/realtime-analysis/hospital/) | National lockdown was announced 2 days later, on October 28. Thus, the hypotheses are no more valid.  An update taking into account the lockdown effect was released on October 30, which is included in our analysis. |
| January 12,  2021  [Source](https://solidarites-sante.gouv.fr/IMG/pdf/avis_conseil_scientifique_12_janvier_2021_actualise_13_janvier_2021.pdf) | Some preliminary projections regarding the impact of the alpha variant without further control are presented in the report, but remain very uncertain, both concerning the date of a potential rise in hospitalizations (from February to April) and the magnitude of the ICU peak (from 7 000 to 40 000).  The projections are clarified in subsequent reports (January 16, February 2, February 8, and February 23) that we analyze. |
| January 29,  2021  [Source](https://solidarites-sante.gouv.fr/IMG/pdf/note_eclairage_variants_modelisation_29_janvier_2021.pdf) | 2 reports are presented in this publication:   * An INSERM report, largely similar so the one published on January 16, which we already analyze. Moreover, a more precise and updated report was published 4 days later, on February 2. We thus analyze this latter report and not the former. In any case, the results of this January 29 report are already included in our analysis of the January 16 report. * A Pasteur report, only presenting lockdown scenarios starting on February 1st of February 8th. Since no lockdown occurred until the end of March, we did not analyze this report. |
| July 9,  2021  [Source](https://modelisation-covid19.pasteur.fr/variant/Institut_Pasteur_dynamique_du_variant_Delta_en_France_metropolitaine_20210709.pdf) | The implementation of a Health Pass was announced 3 days later, on July 12. Thus, the hypotheses made in the report are no more valid.  Scenarios accounting for these new measures were published on July 26 and August 5, and are included in our analysis. |
| November 29,  2021  [Source](https://modelisation-covid19.pasteur.fr/scenarios/Institut_Pasteur_diminution_de_limmunit%C3%A9_et_rappel_20211129.pdf) | The unexpected emergence of the Omicron variant of concern occurred a few days later, representing 15% of contaminations by mid-December and 60% by the end of December ([source](https://ourworldindata.org/explorers/coronavirus-data-explorer?zoomToSelection=true&time=2021-12-06..2022-01-31&facet=none&pickerSort=asc&pickerMetric=location&Metric=Omicron+variant+%28share%29&Interval=7-day+rolling+average&Relative+to+Population=false&Color+by+test+positivity=false&country=~FRA)).  A specific report accounting for the omicron variant was published on January 7, and is included in our analysis. |
| December 2,  2021  [Source](https://modelisation-covid19.pasteur.fr/scenarios/Institut_Pasteur_Complement_rapport_rappel_20211202.pdf) | The unexpected emergence of the Omicron variant of concern occurred a few days later, representing 15% of contaminations by mid-December and 60% by the end of December ([source](https://ourworldindata.org/explorers/coronavirus-data-explorer?zoomToSelection=true&time=2021-12-06..2022-01-31&facet=none&pickerSort=asc&pickerMetric=location&Metric=Omicron+variant+%28share%29&Interval=7-day+rolling+average&Relative+to+Population=false&Color+by+test+positivity=false&country=~FRA)).  A specific report accounting for the omicron variant was published on January 7, and is included in our analysis. |
| December 7,  2021  [Source](https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2022.27.1.2101125) | Results already presented on the November 29 and December 2 reports. Moreover, the same limitations concerning the unexpected emergence of the omicron variant apply here. |
| December 27,  2021  [Source](https://modelisation-covid19.pasteur.fr/variant/Institut_Pasteur_Impact_dOmicron_sur_lepidemie_francaise_20211227.pdf) | At the moment of the publication, strong uncertainties remained concerning the impact of the Omicron variant, with scenarios spanning from a straight decrease of hospitalizations below 1000 to a sharp spike beyond 15 000 (figure 5). As stated by the report:  *“Given the significant uncertainties regarding the severity and transmission advantage of the Omicron variant over the Delta variant, it is not possible to accurately quantify the impact that the Omicron wave will have on the healthcare system.”*  The uncertainty are greatly reduced in a subsequent reports (January 7, 2022), that we analyze. |
| February 21,  2021  [Source](https://modelisation-covid19.pasteur.fr/variant/Institut_Pasteur_Impact_BA_2_epidemie_francaise_20220221.pdf) | The prospective scenarios only concern cases, which are not included in our criteria analysis (we only focus on hospitalizations and intensive care units). |
| March 10,  2021  [Source](https://modelisation-covid19.pasteur.fr/variant/InstitutPasteur_impact_BA2_relachement_mesures_20220310.pdf) | The prospective scenarios only concern cases, which are not included in our criteria analysis (we only focus on hospitalizations and intensive care units). |